Form # 7

Consent for Support Person to Attend Consultation

I ___________________________________________, give my consent for ______________________________ to attend the consultation with the Sexual Harassment Office or external Investigator.

I understand that ______________________________ will be present during the consultation where confidential information will be discussed. I agree that the above was discussed and I understand the risks associated with sharing my personal and confidential information with the individual present at today’s consultation.

Complainant/Respondent ______________________________ Date ______________________________

I, ______________________________, as a support person to the above individual, understand the importance and responsibility of maintaining strict confidentiality regarding the information shared during this consultation. I agree that the above was discussed and I understand the possible consequences of breaching that confidentiality.

Support Person ______________________________ Date ______________________________

Sexual Harassment Office or Investigator ______________________________ Date ______________________________

The information on this form is collected as per the University-Wide Procedures for Sexual Harassment and Sexual Assault Concerns and Complaints and is a required part of the investigative process outlined in the Procedures. If you have questions about the collection and use of this information, contact the Sexual Harassment Office at 709-864-8199.